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Siemens Corporation Intellectual Property Department 186 Wood Avenue South Iselin, NJ 08830

SMALL ENTITY

NO

ISSUE FEE DUE

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APPLN. TYPE

nonprovisional

(A) NAME OF ASSIGNEE

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TOTAL FEE(S) DUE

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DATE DUE

10/10/2006

APPLICATION NO. EILING DATE FIRST NAMED INVENTOR 09/817 321 03/26/2001 Barry Lynn Royer 2001P07411 US01 8855 TITLE OF INVENTION: SYSTEM AND USER INTERFACE SUPPORTING CONCURRENT APPLICATION OPERATION AND INTEROPERABILITY

PUBLICATION FEE DUE

\$300

EXAMINER	ART UNIT	CLASS-SUBCLASS			
VU, THONG H	2142	709-227000	•		
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.55).  Change of correspondence address (or Change of Correspondence Address from PTO/SB 12.2) attached.  Fee Address' indication (or Fee Address' Indication form PTO/SB 12.2) or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered notemory or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		1 Alexander J. Burk 23	e
3. ASSIGNEE NAME AND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or typ	e)		
PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.					

Siemens Medical Solutions Health Services Corporation Malvern, PA 19355

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity 🔲 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed.

Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1174 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1.27(g)(2).

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Authorized Signature Date Registration NO. 425 Typed or printed name Alexander J. Burke

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